



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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**March 7, 2008**

## **Public Health & Emergency Preparedness Bulletin: # 2008:09** **Reporting for the week ending 03/01/08 (MMWR Week #09)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

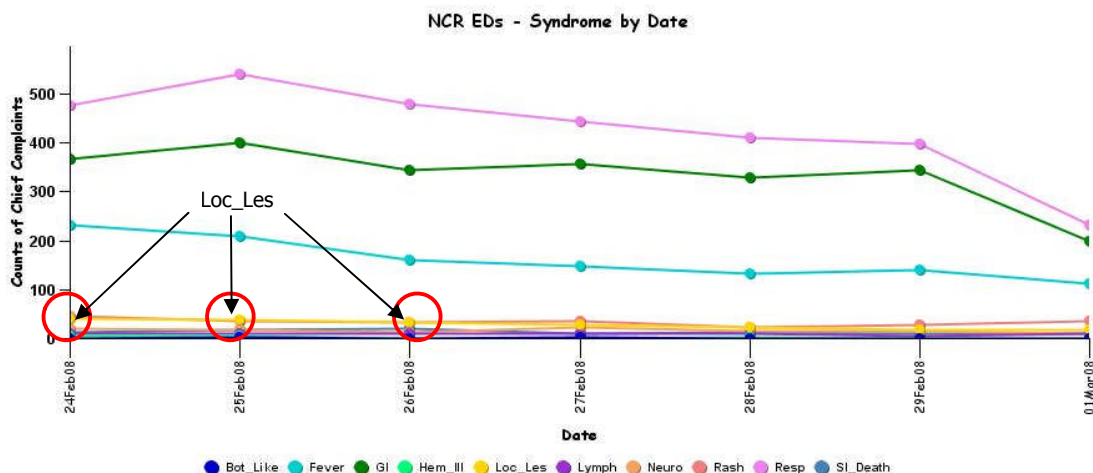
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

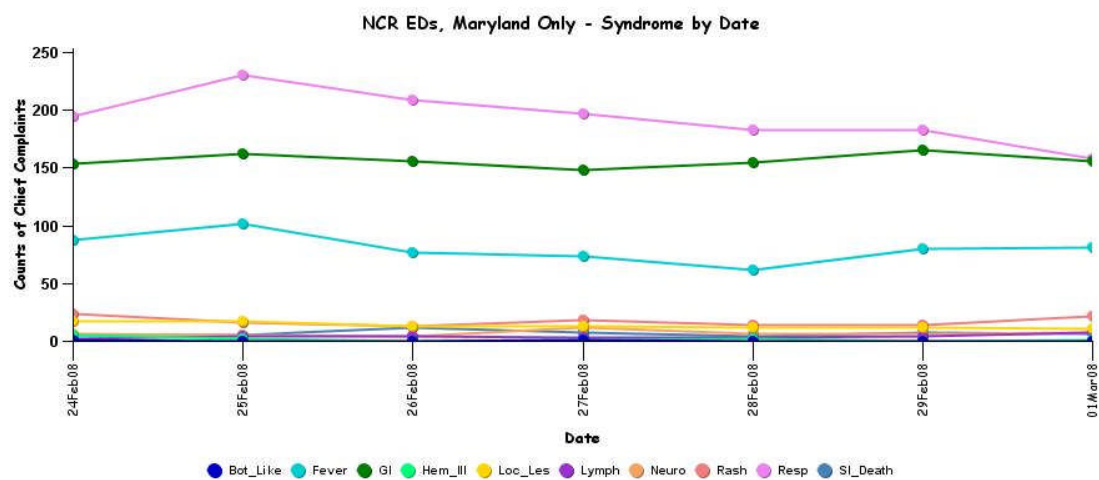
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

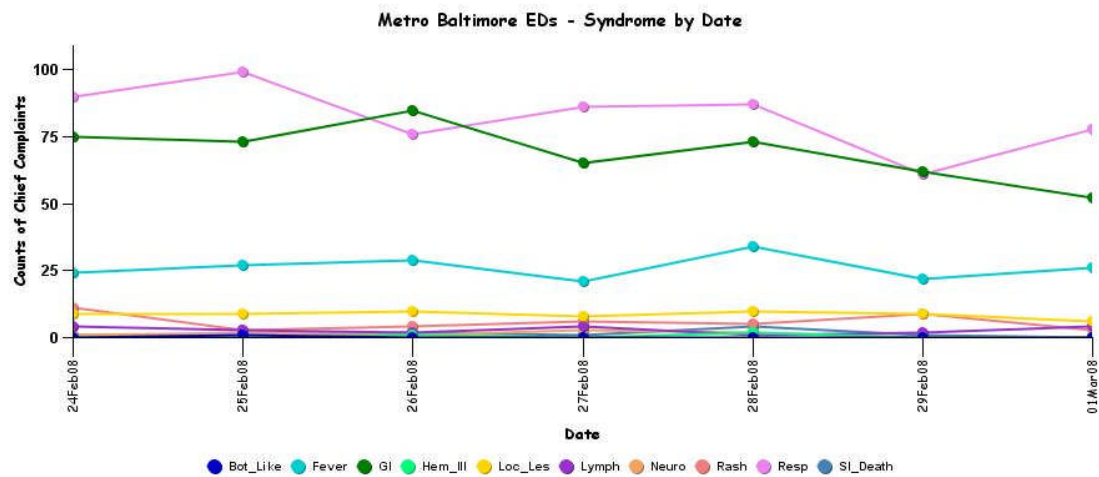
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



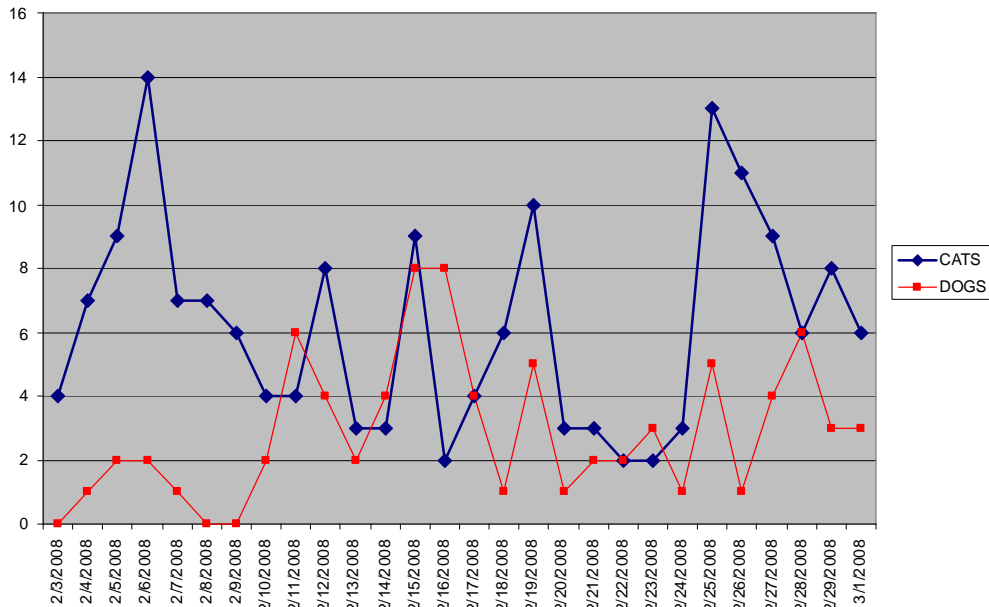
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

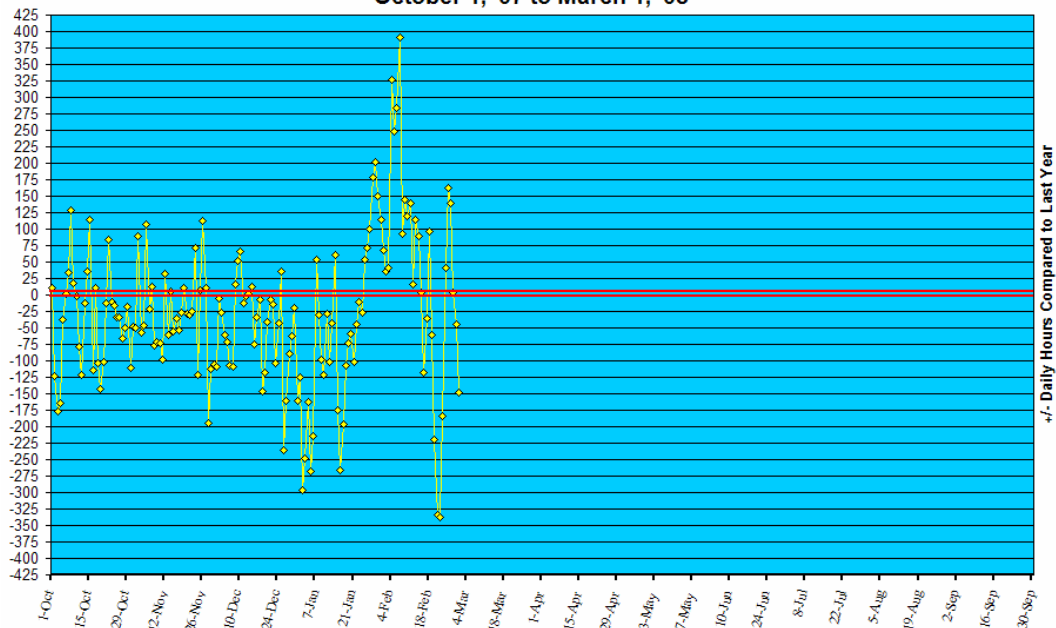
**Dead Animal Pick-Up Calls to 311**



## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to March 1, '08**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Feb 24 – Mar 1, 2008):	16	1
Prior week (Feb 17 – 23, 2008):	14	1
Week#09, 2007 (Feb 25 – Mar 3, 2007):	15	1

**OUTBREAKS: 16 outbreaks were reported to DHMH during MMWR Week 9 (Feb. 24-Mar. 1, 2008):**

#### **5 Gastroenteritis outbreaks**

3 outbreaks of GASTROENTERITIS associated with Nursing Homes  
1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility  
1 outbreak of GASTROENTERITIS associated with a Daycare

#### **1 Foodborne Gastroenteritis outbreak**

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Conference

#### **8 Respiratory illness outbreaks**

8 outbreaks of RESPIRATORY ILLNESS associated with Nursing Homes

#### **1 Rash illness outbreak**

1 outbreak of RASH ILLNESS associated with a School

#### **1 other outbreak**

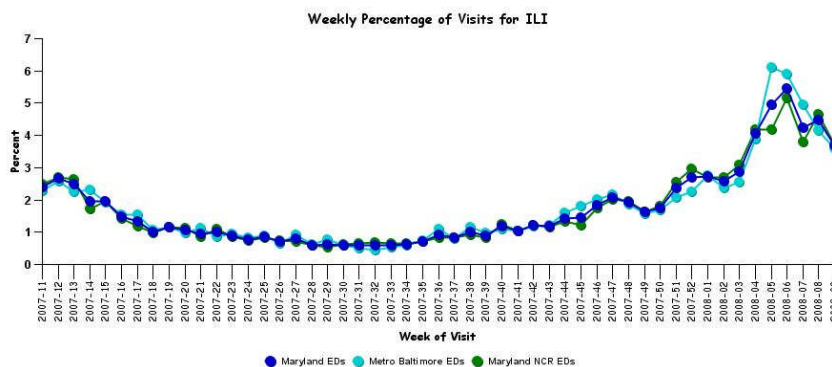
1 OTHER outbreak associated with a Hospital

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. To date this season, there have been 2978 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is WIDESPREAD.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of February 28, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 369, of which 234 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA, HUMAN (China):** 25 Feb 2008, The Ministry of Health in China has reported a new case of human infection with the H5N1 avian influenza virus. The case is a 41 year old male from Xixiangtang District of Nanning City of Guangxi Autonomous Region. He developed symptoms on Feb 12 and died on Feb 20. The case was confirmed by the national laboratory on Feb 21. The case had contact with sick and dead poultry prior to his illness. All contacts have been placed under medical observation. All remain healthy to date. Of the 29 cases confirmed to date in China, 19 have been fatal.

**AVIAN INFLUENZA, HUMAN (China):** 26 Feb 2008, A woman in the southern Chinese province of Guangdong has died of the H5N1 bird flu virus, which she probably contracted from sick poultry she kept in her backyard, Hong Kong government health officials said on Feb 25. The 44 year old migrant worker, who was employed in Haifeng County in the eastern part of Guangdong, tested positive for H5N1 in a test by Guangdong's Centre for Disease Prevention and Control, and the Health Ministry in Beijing has to confirm the result. "This lady kept some chickens in her backyard and they became sick and died during the incubation period of her illness. She also ate some of the chickens herself," said Thomas Tsang, controller of Hong Kong's Centre for Health Protection. "The most likely route of transmission was from the sick poultry she kept and she acquired avian influenza from this source." Eating well-cooked meat is safe but experts have long warned about handling H5N1-tainted animals or meat without protection. The woman developed symptoms of fever, cough and pneumonia on Feb 16, but was only admitted to the county hospital on Feb 22, after first seeking treatment at a local clinic, according to a statement from Guangdong's health department. "The patient's condition was too serious and she died on Monday after treatment failed," it said. "All those who have had close contact with the patient have shown no similar symptoms so far," the statement said. The case in Guangdong has rattled nerves in Hong Kong, which lies just south of the province. Tsang said the city would strengthen disease surveillance on both poultry and people entering Hong Kong. "If a person has signs of pneumonia and has visited Guangdong in the past 6 months, he will be tested for avian flu," he said.

**AVIAN INFLUENZA, HUMAN (Egypt):** 26 Feb 2008, A 4 year old Egyptian girl tested positive for bird flu on Feb 25, the 44th confirmed human case in the Arab world's most populous country, state news agency MENA said. Ministry of Health spokesman Abdel Rahman Shaheen said the girl had been treated with the antiviral drug Tamiflu (oseltamivir) and had been transferred from Minya province to a hospital in Cairo, the agency said. The girl is suffering from a high fever and is having trouble breathing because she has inflammation of one of her lungs. Four Egyptian women died from bird flu in December 2007. Their deaths broke a 5 month pause in human cases in Egypt and brought to 19 the number of Egyptians who have died of the H5N1 bird flu virus since it emerged in Egypt in early 2006. It is the third winter the virus has struck after lying low during Egypt's hot summers, when it is much less likely to spread from one carrier to another. Around 5 million households in Egypt depend on poultry as a main source of food and income, and the government has said this makes it unlikely the disease can be eradicated despite a large-scale poultry vaccination program. WHO officials have said the bird flu virus was now considered endemic in Egypt.

**AVIAN INFLUENZA, HUMAN (Viet Nam):** 26 Feb 2008, Vietnam's Health Ministry confirmed that the country's latest human case of bird flu infection was a 23 year old woman teacher from northern Phu Tho province who died on Feb 25 after 5 days of treatment in Hanoi capital. The woman from Cam Khe district started to exhibit bird flu symptoms on Feb 14 and was admitted to a provincial hospital on Feb 19, then transferred to a hospital in the city-based Tropical Diseases Hospital on Feb 21. She tested positive to bird flu virus strain H5N1, according to Nguyen Huy Nga, director of the ministry's Preventive Medicine and Environment Department. The woman had not had direct contact with sick fowls before showing bird flu symptoms. Her family raises some chickens. A number of chickens have died around her house recently. Of the 105 cases confirmed to date in Vietnam, 51 have been fatal.

**AVIAN INFLUENZA, GOOSE (United Kingdom):** 29 Feb 2008, A dead goose has tested positive for the highly virulent H5N1 strain of bird flu, government scientists have said. The remains of the bird were discovered around 1km from Abbotsbury Swannery in Dorset, where a number of swans have been found with the disease. The Department for the Environment, Food and Rural Affairs said the Canada goose was the 11th wild bird in the area to test positive for H5N1. Restrictions on the movement of poultry have now been introduced in the area. Defra said the decision was based on veterinary advice. Poultry keepers will not be able to move birds from their premises except under license. A spokeswoman said that the latest case of bird flu was "not unexpected." She said H5N1 was active at a very low level

among wild birds in the area, and there was no evidence of the virus in domestic poultry locally. Regular surveillance was continuing, she added, with patrols looking for dead birds. A Wild Bird Monitoring Area is in place around the affected area, with keepers required to keep domestic poultry away from wild birds. Owners have been urged to stay vigilant and report any signs of the disease. Since Jan 10, H5N1 has been identified in 10 mute swans in the area, with the last case confirmed on Feb 4. Abbotsbury Swannery, near Chesil Beach, is part of an area of wetland recognized to be of international importance.

#### **NATIONAL DISEASE REPORTS:**

**INFANT BOTULISM, NEUROTOXIN TYPE F (Colorado):** 25 Feb 2008, A 3 day old baby from El Paso County fell ill with a rare strain of infant botulism in January 2008. The boy has since recovered and was discharged from the hospital and botulism generally has no lasting effects. Only one child, a 2 day old, is known to have suffered botulism at an earlier age. There are 3 main kinds of botulism: foodborne, wound, and infant. In each case, bacteria produce a neurotoxin that can cause paralysis, muscle weakness, and other serious symptoms. The foodborne version occurs when the toxin is pre-formed and ingested in a food product. In infant botulism and in wound botulism, the toxin is produced in situ. Infant botulism, the commonest kind of botulism in the USA, represents about two-thirds of all cases. The El Paso County child had a rare strain known as type F, one of just 10 such cases worldwide. The strain type is insignificant to patients, who experience the same symptoms and outcomes regardless of the type, said Dr Bernadette Albanese, medical director for the health department. Type F appears to be associated with younger infants than other strains, she said. In 2005, the most recent year for which national statistics are available, there were 145 cases of botulism nationally, 96 in infants. Colorado had only one that year. This year, there have been 2 cases in Colorado, both infants. The other was in Douglas County. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157, RESTAURANT (Hawaii):** 28 Feb 2008, Sekiya's Restaurant in Kaimuki, Hawaii dumped all its food and everything disposable on Feb 26 and began to disinfect the restaurant from top to bottom after the worst outbreak of E. coli O157: H7 in the state's history. 6 customers who ate at Sekiya's suffered bloody diarrhea in Dec 2007 followed by a 7th in Feb 2008, even after the restaurant corrected health inspection violations, said Dr Paul Effler, state epidemiologist for the Health Department. The head of Hawaii's restaurant inspectors said the case shows the state doesn't have enough inspectors to keep restaurants in line. When Sekiya's failed a second inspection on Feb 8, the owners agreed to the unprecedented steps of cleaning and disinfecting the restaurant before the Health Department shut it down, said Peter Oshiro, standards office supervisor for the state Department of Health. On Feb 26, employees began a 2-day sanitation education program at the restaurant, which is just one step toward getting the restaurant reopened someday, Oshiro said. Technicians at the state laboratory created a "DNA fingerprint" of each patient's sample that was checked against a nationwide database on the Mainland, Effler said. "They didn't match anything else on the Mainland," he said, "but they matched each other, which suggests a common source." In each of the 6 cases, the patients had eaten at Sekiya's within 7 days of their symptoms. After the positive diagnosis by the first 6 Sekiya's customers, restaurant inspectors spent 4 hours at the restaurant on Christmas Eve watching the operation. "The conditions of the restaurant were poor," said Oshiro, the inspectors' supervisor. Among other violations, employees did not wash their hands. And raw food and items that touched raw food were mingled with cooked food that was ready to be served, he said. Follow-up inspections on Dec 26 and 27 showed that the restaurant "corrected all major violations," Oshiro said. Inspectors returned to Sekiya's on Feb 8 after the 7th customer showed the same DNA fingerprint for E. coli O157: H7. "Many of the same problems that were there in December were noticed in February," Oshiro said. Health officials suspended Sekiya's permit to operate and were prepared to shut down the restaurant when the owners agreed to a series of dramatic steps, Oshiro said. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**BOTULISM, CANNED BEAN SALAD, RECALL (Multi State):** 29 Feb 2008, Walker's Food Products Co. is recalling 16-ounce, 5-pound, and 10-pound containers of Four Bean Salad with expiration dates of Dec 23, 2007 through April 5, 2008, because they could be contaminated with Clostridium botulinum. No illnesses have been reported. The 16-ounce containers were sold under the brand name Kay's Gourmet. The 5- and 10-pound containers were sold under the Walker's Food Products Co. brand name. The salads were sold through distributors in Missouri, Kansas, Nebraska, and Iowa. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**RICIN, SUSPECTED (Nevada):** 1 Mar 2008, Firearms and an "anarchist type textbook" were found in the same motel room where several vials of the deadly toxin ricin were found, police said on Feb 29. The room was most recently occupied by a 57-year-old man who has been in critical condition with breathing problems at a hospital for more than 2 weeks. Capt. Joseph Lombardo said at a news conference late Friday Feb 29 that the book was tabbed at a spot with information about ricin. Lombardo did not give more information about the book or specify what kinds of weapons were found. Las Vegas police said there was no apparent link to terrorist activity, and no indication of any spread of the deadly substance beyond the several vials of powder found in a plastic bag in the man's room on Feb 28. But what the ricin was doing there remained a mystery. Police cordoned off the hotel and told residents to stay in their rooms. The cordon was lifted early Feb 29, and the motel has been open since then. Las Vegas police Deputy Chief Kathy Suey said the manufacture of ricin is a crime, but it was not clear the substance found belonged to the man, who was hospitalized in critical condition Feb 14 after summoning an ambulance to the motel and complaining of respiratory distress. The man was unconscious and unable to speak, Suey said, adding that he was not currently a suspect. Suey said, "We don't even know that it was him that was in possession of the ricin." She said she could not say how much ricin was in the vials. An

American Medical Response paramedic crew that took the man to the hospital about 11 a.m. Feb 14 had no indication of ricin poisoning, AMR general manager John Wilson said. Naomi Jones, spokeswoman for Spring Valley Hospital, said the patient was in critical condition when he arrived at the hospital. She said Las Vegas police contacted the hospital on Wednesday Feb 27 about a possible ricin exposure investigation. "The patient who has been exposed is not contagious to anyone else, as ricin has to be injected, ingested or inhaled." Suey said there were several pets in the room when officers arrived. A dog was found dead but the animal had gone at least a week without food or water, Suey said, and she did not attribute the death to ricin. A total of 7 people, including the man who found the ricin, the manager, 2 other motel employees and 3 police officers were decontaminated at the scene and taken to hospitals for examination but none have shown any signs of being affected by ricin, Suey said. All were released overnight. Ricin is made from processing castor beans and can be extremely lethal. As little as 500 micrograms, or about the size of the head of a pin, can kill a human, according to the CDC. (Ricin toxin is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**TOXIC INGESTION, SODIUM NITRITE (China):** 25 Feb 2008, Health authorities in south China's Shenzhen city have identified sodium nitrite as the cause of a mass food poisoning that left 2 people dead and 61 people in hospital on Feb 23. The health bureau of the city's Longgang district said the investigation had focused on a restaurant in which food and water samples were found to be contaminated with the chemical. The news was announced as 42 people were discharged from hospital on Feb 24, leaving 19, all described as stable, still receiving treatment. 63 workers of BYD Company Ltd suffered stomach aches, vomiting, and other symptoms on Feb 23 after having lunch at a restaurant near their workplace in Longgang district. Two died after treatment failed. The other 61 had been removed from critical care, 42 of whom left hospital on Feb 24 after recovering, according to the Health Bureau of Longgang district. "We knew that the restaurant had poor hygiene, but its food was cheap, so we liked to have lunch there," said Wei Tangwei, one of the 19 people who were still in hospital. Sodium nitrite, similar in appearance to salt, is used as an industrial color fixative, but is also used in small amounts as a meat preservative. But police have ruled out the possibility that the chemical was mistaken for salt or sugar by the chefs. Health experts warned that 0.2 grams of sodium nitrite could poison an adult and 3 grams were enough to kill. Local police and health officers have begun questioning the manager of the restaurant, patients, and employees of BYD Company. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, OVINE (Mongolia):** 26 Feb 2008, According to news from Mongolia's Emergency Situations Agency, livestock infected with anthrax have been found in Altanbulag Sum district of Selenge Aimag province, and anthrax has caused the deaths of 4 sheep. The government of Altanbulag Sum has ordered quarantine for 14 days in an area 5-8 km around the site of the outbreak. Emergency situations agencies and epidemic prevention agencies have set up 5 disinfection points in the outbreak area, and vaccinated 479 heads of livestock owned by the 2 herders in whose herds anthrax occurred, as well as 130 people in 28 herding households and 4118 heads of livestock surrounding the outbreak area. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Angola):** 27 Feb 2008, In the past 24 hours, 10 new cholera cases were detected by the Services of Public Health and Control to Endemic Diseases in southern Huila province, in Lubango city and in Quipungo district, without any deaths. ANGOP learnt of the fact from the head of the referred division, Bernabe Lemos, who informed that from the cases 9 were diagnosed in Lubango and one in Quipungo, whilst the localities of Chibia and Matala, other regions of the province greatly affected by the disease, did not report any new cases. Bernabe Lemos stated that at the moment 31 patients have been hospitalized with the disease: 27 at the Treatment Centre of the Central Hospital of Lubango Dr Agostinho Neto, 3 in Matala, and one in Quipungo. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**FOODBORNE ILLNESS, SEMINAR (Brunei):** 29 Feb 2008, A total of 7 people were admitted to the RIPAS emergency ward on Feb 25 where they were diagnosed with food poisoning in what appears to be the result of bad 'nasi ayam' that was served to participants attending a Universiti Brunei Darussalam (UBD) seminar. The seminar held at UBD, dubbed the Information Week For Electronic Resources, was organized by the Ministry of Education. Teachers and librarians from around the nation were invited for the seminar. "They were serving food there, like nasi ayam which tasted quite good actually," said a teacher who was diagnosed with food poisoning at the emergency ward. He said participants who did not eat the nasi ayam were "okay" and were not afflicted by any of the symptoms. "About 2 hours after eating it, I started feeling dizzy and had a stomach ache. I started vomiting a lot and so my wife took me to the emergency ward. It was here I met some other patients with food poisoning who also attended the seminar," said the teacher. "We have taken samples for testing and so far we know of 7 people from the seminar who were infected," he said. Some 300 people attended the seminar." Brunei is located on the island of Borneo. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Kenya, Somalia):** 29 Feb 2008, Cholera has killed 43 people in the last 2 weeks along the remote border between Kenya and Somalia, officials in both nations said on Feb 29. Abubakar Abdi, a public health official in Kenya's Mandera District in the North Eastern Province of Kenya, bordering Somalia, said 30 people, including at least 6 children, had died there from the water-borne disease in 14 days. Meat exports to Somalia and Ethiopia were banned, he said. On the Somali side of the border, a staff member with the Irish charity Trocaire said 13 people had died from 676 suspected

cases, 257 of which had needed hospital treatment. Health personnel are helping sufferers on the Kenyan side and spreading information about how the illness can be contracted from dirty water. However, in Somalia's Gedo region, the lack of medical facilities is making the situation unbearable, a BBC reporter said. The handful of NGOs in the area are unable to provide enough support and fear the situation might get out of control, he adds. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

#### **CDC says this year's influenza epidemic may be slowing**

CDC reports that this year's influenza epidemic showed signs of tapering off last week, but flu was still widespread in every state except Florida. At the same time, the CDC issued a notice aiming to remind clinicians to consider prescribing the antiviral drugs known as neuraminidase inhibitors to treat or prevent flu.  
(<http://www.cidrap.umn.edu/cidrap/content/influenza/general/news/feb2908flu.html>)

#### **CDC's Advisory Committee on Immunization Practices expands recommended ages for annual influenza vaccination**

The Advisory Committee on Immunization Practices (ACIP), which advises the CDC on vaccine issues, voted to expand the recommended ages for annual influenza vaccination of children to include all children from 6 months through 18 years of age. The previous recommendation was for vaccination of children from 6 months to 5 years of age.  
(<http://www.cdc.gov/od/oc/media/pressrel/2008/r080227.htm>)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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